

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1862

CERTIFICATE OF DEATH

Reg. Dist. No. 112-56

1. PLACE OF DEATH:

County St. Mary's
City or town Bival Palms
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 15 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Robert C. Crandall

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Wid divorced6. (b) Name of husband or wife Minnie Collins7. Birth date of deceased (mo., day, yr.) 2 - 15 - 18866. (c) If alive, give age 60 years8. AGE: Years 60 Months 1 Days 12 If less than one day hrs. 0 min. 09. Birthplace Palms, Md.
(Town, county, and state)10. Usual occupation A driver11. Industry or business Robert Crandall12. Name Robert Crandall13. Birthplace River Green14. Maiden name Sarah Sudmire15. Birthplace River Green16. Informant Robert CrandallAddress 52 West 55th St.17. Burial Date thereof 3-20-46
(Burial, cremation, or removal, Which?) burial (month) (day) (year)Cemetery or crematory all 8 amLocation Palms18. Funeral director M.C. Advertising & SonsAddress 1000 Atlantic St.19. Date rec'd by registrar 3-28-46 19-16 R.V. Palms

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County St. Mary'sCity or town Bival Palms
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH 3 - 20 - 46 at 8 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on 3-20-46 at 8 P.M.Immediate cause of death Accidental DURATIONDue to Fall down stairway

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Robert V. Palms M. D. or other _____Address 1000 Atlantic St. Date signed 3-28-46

REC'D

APR 1 1946

BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *BD*

CERTIFICATE OF DEATH

02932

Reg. Dist. No. 284

1. PLACE OF DEATH:

County

St. Mary's
Tin at Bushnell

City or town (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 40 yrs

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Annie amelia Hubert

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

for ever married

8. (b) Name of husband or wife William Hubert

7. Birth date of deceased (mo., day, yr.) 1-26-1872

6. (c) If alive, give age 65 years

8. AGE: Years Months Days If less than one day
76 1 20 hrs. min.9. Birthplace Chapman St. Mary's Md
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name Samuel Dryer

13. Birthplace Chapman St. Mary's Md

14. Maiden name Nellie Young

15. Birthplace Chapman St. Mary's Md

16. Informant William Hubert

Address Bushnell Md

17. Burial Date thereof 3-21-46

(Burial, cremation, or removal. Which?)

Cemetery or crematory Larchmont

Location Bushnell Md

18. Funeral director J. C. Martin

Address Larchmont

19. 3-20-46 19. 46 11 V. Palmer

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State York County St. Mary's

City or town Larchmont (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-18-1946 at 8:30 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

3-8-1946 to 3-18-1946

and that I last saw her alive on 3-18-1946

Immediate cause of death Cerebral

apoplexy

Duo to Chronic Cardiopathy

Due to Angina Pectoris

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

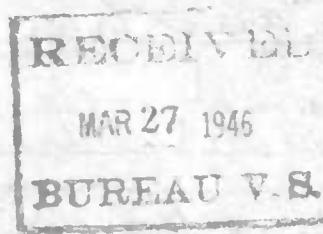
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Robert V. Palmer

M. D. or other

Address Annapolis Md Date signed 3-20-46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 3

CERTIFICATE OF DEATH

02933

281

Reg. Dist. No.

1. PLACE OF DEATH:

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

Hospital, Institution, or street address where death occurred.....

How long in hospital or institution?.....

3. (a) FULL NAME

William Bernard Long

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

white

widowed

6. (b) Name of husband or wife.....

7. Birth date of

deceased (mo., day, yr.)

Nov 18 1853

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

92

4

8

hrs.

min.

9. Birthplace.....

Abells St. Mary's Maryland

(Town, county, and state)

10. Usual occupation.....

Farmer

11. Industry or business.....

MOTHER FATHER

12. Name.....

Bernard Long

13. Birthplace.....

St. Mary's Co

14. Maiden name.....

Lucy Long

15. Birthplace.....

St. Mary's Co

16. Informant.....

Richard Long

Address.....

Chaptico Md

17. Burial.....

Burial

Date thereof..... March 28 46

(month) (day) (year)

Cemetery or crematory.....

St. Joseph

Location.....

Maryland

W. & H. Wallingford Sons

18. Funeral director.....

Leonard's Mort

Address.....

Apparatus Mfg.

19. 3-28-1946
(Date rec'd by registrar)Registrar
ff Local

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Maryland County..... St. Mary's

City or town.....

St. Mary'sville Md

Street No.....

S. F. St.

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH..... March 26 1946 at 2:50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Men. 1946 to March 26 1946

and that I last saw him alive on March 23 1946

Immediate cause of death.....

Cerebral Hemorrhage

Due to.....

arterio venous fistula

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

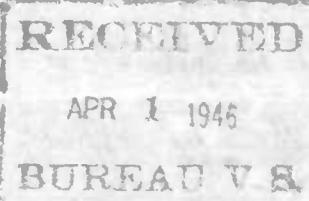
Injured at home, farm, industry, public place (where?).....

Means of Injury..... Injured at work?.....

23. SIGNATURE.....

M. D. or other.....

Address..... Date signed.....



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 19-2

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH:

County St. Marys
 City or town Burial Park Hall
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 months

Hospital, institution, or street address where death occurred:

How long in hospital or institution? _____

3. (a) FULL NAME

Jackey Joseph Pilkerton

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male White Widowed

B.(b) Name of husband or wife

Matilda Rancher

B.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.)

Unknown 1871

8. AGE:

Years	Months	Days	It less than one day
74	unknown	hrs.	min.

9. Birthplace

Mechanicsville, Md

(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

FATHER 12. Name Joseph Pilkerton

MOTHER 13. Birthplace Maryland

14. Maiden name Winkenbeck

15. Birthplace

Hilary Hill

16. Informant

BurialDate thereof March 20 1946
 (month) (day) (year)Cemetery or crematory St. Joseph CemeteryLocation Morganza Md18. Funeral director Wm E Mattingly SonsAddress Leonardtown, Md19. March 18 1946 (Date rec'd by registrar)

Dr. Bean MD
 Local Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St. Marys

City or town Mechanicsville
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

March 18 1946 at 750 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

September 1945 to March 18 1946and that I last saw him alive on March 17 1946

Immediate cause of death

Intestinal Nephritis

DURATION

10 years

Due to

Due to

Other conditions Hyper trophy of prostate5 years

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

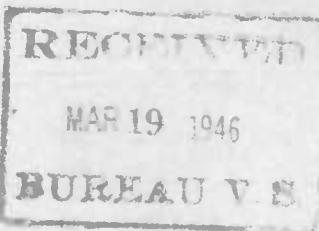
Injured at work?

23. SIGNATURE

Dr. Bean MD
 Date signed March 18 1946

M. D. or other

Address Great Mills, Md



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 7-2

CERTIFICATE OF DEATH

02935
281

Reg. Dist. No...

1. PLACE OF DEATH:

County St. Marys
City or town California (Rural)
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
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M.	white	Married
----	-------	---------

6.(b) Name of husband or wife	John Alvin Devere
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7. Birth date of deceased (mo., day, yr.)	8. (c) If alive, give age	32 years
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8. AGE:	Years	Months	Days	If less than one dayhrs.min.
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9. Birthplace	Franklin Co. Virginia
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(Town, county, and state)

10. Usual occupation	Engine man
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11. Industry or business	
--------------------------	--

FATHER	12. Name	Bernard Stanley
--------	----------	-----------------

MOTHER	13. Birthplace	Virginia
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	14. Maiden name	Beth Stanley
--	-----------------	--------------

	15. Birthplace	Virginia
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16. Informant	Elvie Stanley
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Address	Virginia
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17. Burial	Date thereof	3-29-46
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(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory	Tanglewood
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Location	Franklin Co. Virginia
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18. Funeral director	Rocky Mount Funeral Home
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Address	Franklin Co. Virginia
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(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Ind. County St. Marys
City or town California (Rural)
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26 1946, at 9:30 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 Mar 26 1946, and that I last saw him alive on 19 Mar 26 1946.Immediate cause of death Acute fibrillation of heart DURATION _____Due to long and protracted attack of fibrillation

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

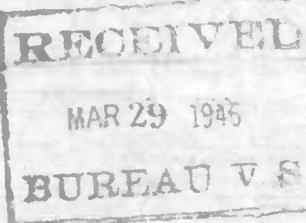
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE W. F. Greenwell M.D. M. D. or other _____Address Leonardtown Date signed 8-27-46



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 330

03125

Reg. Dist. No. 1

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

St. Marys Hosp.

How long in hospital or institution?

3. (a) FULL NAME

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

male colored

missed

6. (b) Name of husband or wife

Wm. F. Taylor

7. Birth date of deceased (mo., day, yr.)

March 1, 1886

6. (c) If alive, give age 54 years

8. AGE:

Years 60 Months 8 Days hrs. min.

9. Birthplace

Wm. F. Taylor

(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

F. Taylor

12. Name

F. Taylor

13. Birthplace

Wm. F. Taylor

14. Maiden name

F. Taylor

15. Birthplace

Wm. F. Taylor

16. Informant

Wm. F. Taylor

Address

Pearl Hall, Md.

17. Cemetery or crematory

Crown Bldg.

Date thereof

3/12/46

(month) (day) (year)

(Burial, cremation, or removal. Which?)

Location

Severnsville, Md.

18. Funeral director

J. P. Robinson

Address

Leonardtown, Md.

19. Date rec'd by registrar

3/11/46

Crown Bldg.

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

2.(a) If veteran, name war

(If rural, give LOCATION)

World War I

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

March 9 1946 at 11:10 A.M.

21. CERTIFY that death occurred on the date above stated; that I attended deceased from

June 1 1945 to March 9 1946

and that I last saw h. in alive on March 8 1946

Immediate cause of death

Carcinoma of Thyroid
with Generalized Metastasis

DURATION

5 years

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

M. D. or other

Address Pearson and Date signed 3-10-46



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 029328

1. PLACE OF DEATH:

County: St. Marys
City or town: Rural California
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 months

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

William Ford Warwick

4. Sex: Male | 5. Color or race: white | 6. (a) Single, married, widowed, or divorced: married

6. (b) Name of husband or wife: Edna S. Warwick

7. Birth date of deceased (mo., day, yr.): March 19, 1885

8. AGE: 61 Years | 6 Months | 0 Days | If less than one day: . hrs. . min.

9. Birthplace: Washington DC

10. Usual occupation: Street metal worker

11. Industry or business: Navy Yard

12. Name: Alfred Warwick

13. Birthplace: Washington DC

14. Maiden name: Johnson Adams

15. Birthplace: Washington DC

16. Informant: Mrs. Edna Warwick

Address: California, Md

17. Burial: Date thereof: March 21, 1946
(Burial, cremation, or removal. Which?)

Cemetery or crematory: Location: Charles County, Md

18. Funeral director: Hunt & Ryan

Address: Waldorf, Md

19. Date rec'd by registrar: March 19, 1946

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: St. Marys

City or town: Rural California
(If outside city or town limits, write RURAL and give nearest town)Street No.: Patterson Beach
(If rural, give LOCATION)

2.(a) If veteran, name war:

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 19, 1946, at 4 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 12, 1946, to March 19, 1946, and that I last saw him alive on March 18, 1946.

Immediate cause of death:

Pulmonary Tuberculosis | 2 years

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

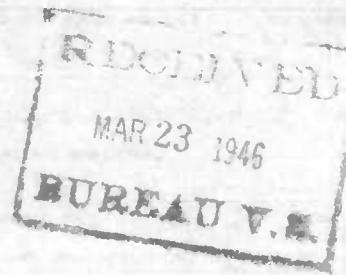
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury: Injured at work?

23. SIGNATURE: M. D. or other: M. Sean, M.D.

Address: Great Mills, Md. Date signed: 3/17/46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (B-17)

CERTIFICATE OF DEATH

Reg. Dist. No. 11293283

1. PLACE OF DEATH:

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Ernest Wheeler

7. Birth date of deceased (mo., day, yr.)

Aug 11 - 1876

6. (c) If alive, give age

72 years

8. AGE:

Years

69

Months

7

Days

6

If less than one day

hrs.

.00

min.

9. Birthplace

Covington, St. Marys, Md.

(Town, county, and state)

10. Usual occupation

At home

11. Industry or business

Clothing

12. Name

Ernest Wheeler

13. Birthplace

St. Marys, Md.

14. Maiden name

Mary Lewis

15. Birthplace

Md.

16. Informant

Ernest Wheeler

Address

Covington, St. Marys, Md.

17. (Burial, cremation, or removal, which?)

Burial

Date thereof (month) (day) (year)

Mar. 20 - 1946

Cemetery or crematory

Sacred Heart

Location

Near Covington

18. Funeral director

Ernest Wheeler

Address

Covington, St. Marys, Md.

19. (Date rec'd by registrar)

Apr. 1946

(Date rec'd by registrar)

Covington

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Md.

County.....

St. Marys

City or town

Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No.

Near Covington

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

March 17

1946

at 8:15 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 17 1946 to March 17 1946

and that I last saw him alive on March 17 1946

Immediate cause of death

Chronic Myocarditis

Due to

Due to

Other conditions Chronic Nephritis

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

injured at work?

23. SIGNATURE

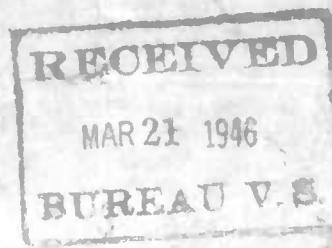
D. B. Johnson

M. D. or other

Address

Maryland, Md.

Date signed 3/17/46



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 128

CERTIFICATE OF DEATH

Reg. Dist. No. 112838

1. PLACE OF DEATH:

County.....

City or town.....

St. Marys
Crown Heights Garrison Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

Hospital, institution, or street address where death occurred:.....

How long in hospital or institution?.....

3. (a) FULL NAME

John Henry Williams

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

M Cof Married

B. (b) Name of husband or wife.....

Mary Agnes Williams

8. (c) If alive, give age 25 years

7. Birth date of deceased (mo., day, yr.)

Oct 1 1920

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace.....

North Carolina

(Town, county, and state)

10. Usual occupation.....

Fireman

11. Industry or business

MOTHER FATHER

12. Name.....

Stanley Williams

13. Birthplace.....

North Carolina

14. Maiden name.....

Marguerite Murphy

15. Birthplace.....

North Carolina

16. Informant.....

Mary Agnes Williams

Address.....

Hedgesville, Md.

17. Burial.....

Burial Date thereof 3/25/46

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory.....

Holy Fall

Location.....

Great Mills

18. Funeral director.....

P B Robinson

Address.....

Leonardtown, Md.

19. (Date rec'd by registrar)

3/24/46

19.....

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

MD

County.....

St. Marys

City or town.....

Garrison

(If outside city or town limits, write RURAL and give nearest town)

Street No. #19 Adams Ave.

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

239-12-8720

MEDICAL CERTIFICATION

2D. DATE OF DEATH

3-23-46 at 9a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

end that I last saw him alive on 3-23-46

Immediate cause of death.....

Shock

Due to.....

Hemorrhage

Due to.....

Acute Pancreatitis

Other conditions.....

Normal

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

yes Acute Hemorrhagic Pancreatitis

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?.....

23. SIGNATURE.....

Francis F. Greenwell M.D. by other

Address.....

Leonardtown, Md. Date signed 3-23-46

